

Checklist for WESP-DHH Deaf Mentor Program (DMP) Referral

- ☐ Completed DMP Referral Form p. 1 – 2
- ☐ LEA/B-3 & WESP-DHH Release of Information (signed by parents) p. 3 – 4
- ☐ Notification of Rights under FERPA (given to parents when signing the “Release of Information” form above p. 3-4) p. 5 – 6
- ☐ Student Records/Supporting Documentation (this could include IFSP/IEP, progress notes, evaluations and reports, audiograms, etc.)
- ☐ DMP Family Information Form (**completed by or with the family**) p. 7 – 8



Outreach Program
Wisconsin Educational Services Program
for the Deaf and Hard of Hearing
Tony Evers, PhD, State Superintendent
Wisconsin Department of Public Instruction
Alex H. Slappey, Director WESP-DHH
Marcy Dicker, Director Outreach Program



WESP-DHH OUTREACH
DEAF MENTOR PROGRAM FIRST STEP REFERRAL FORM

Date Submitted: _____

Child's Name: _____ Birth Date: _____

Parent / Guardian: _____

Home Address: _____
Street Address City State Zip

Telephone: _____ Email: _____

To better coordinate services and supports, please check any of the following programs in which the child has been involved:

- ☐ WESP-DHH Outreach Consultation
- ☐ Guide By Your Side Program (GBYS)
- ☐ Partner in Listening (PiL)
- ☐ Deaf Mentor First Step Project (DMFS)
- ☐ Deaf Mentor Program (DMP)
- ☐ Wisconsin Deaf-Blind Technical Assistance Project (WDBTAP)
- ☐ Do Not Know

FOR CHILDREN UNDER THE AGE OF 3:

Birth to 3 Program: _____ County: _____

Address: _____
Street Address City State Zip

School District of Residence: _____

Birth to 3 Services Coordinator: _____

Telephone: _____ Email: _____

Referral Submitted By: _____ Email: _____

Who else is on the child's early intervention team?

Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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FOR CHILDREN AGES 3 - 6:

School District of Residence: _____ School Child Attends: _____

School Address: _____
Street Address City State Zip

Child's Deaf/Hard of Hearing Teacher: _____

Case Manager: _____

Telephone: _____ Email: _____

Referral Submitted By: _____ Email: _____

Who else is on the child's early intervention team?

Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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HEARING LOSS: TYPE AND DEGREE

Type: ☐ Unilateral ☐ Bilateral

RIGHT

- ☐ Normal
- ☐ Conductive
- ☐ Sensorineural
- ☐ Mixed
- ☐ Auditory Neuropathy/Dyssynchrony

LEFT

- ☐ Normal
- ☐ Conductive
- ☐ Sensorineural
- ☐ Mixed
- ☐ Auditory Neuropathy/Dyssynchrony

Degree:

RIGHT

- ☐ Normal
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

LEFT

- ☐ Normal
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

☐ Additional Identified Disabilities: _____

☐ Additional Suspected Disabilities: _____

Other Comment(s): _____

Referrals will not be processed until consent / release and all paperwork is submitted.

Send via fax to: Attn: Marcy Dicker @ 262-787-9505

Or mail to:

WESP-DHH Outreach

N25 W23131 Paul Road, Suite 100

Pewaukee, WI 53072

CONSENT TO PROVIDE OUTREACH SERVICES, MAINTAIN RECORDS, AND OBTAIN INFORMATION AND RECORDS FROM, OR DISCLOSE INFORMATION AND RECORDS TO THE LOCAL EDUCATION AGENCY ("LEA"), THE WISCONSIN EDUCATIONAL SERVICES PROGRAM-DEAF AND HARD OF HEARING OUTREACH ("WESP-DHH OUTREACH"), AND THE BIRTH TO 3 PROGRAM ("B-3 PROGRAM"), IF APPLICABLE

Student Name: _____ Date of Birth: _____

LEA (if applicable): _____

B-3 Program (if applicable): _____

INSTRUCTIONS

WESP-DHH Outreach has received a request to provide Outreach services to your child and information to the school district ("LEA") and/or B-3 Program. In order to do this, the Outreach team must receive your consent to provide Outreach services and exchange information with the LEA and/or B-3 Program. WESP-DHH Outreach will complete the information to be disclosed section. You (i.e., the child's parent, guardian, or in the absence of a parent/guardian, the individual acting as the parent) must sign this consent if you agree to the evaluation and exchange of information.

AUTHORIZATION STATEMENT

I, the undersigned, hereby authorize WESP-DHH Outreach to provide services for this child. I understand this requires the LEA and/or B-3 Program to disclose the information indicated below to WESP-DHH Outreach and WESP-DHH Outreach to disclose the information indicated below to the LEA and/or B-3 Program.

INFORMATION FROM THE LEA/B-3 PROGRAM TO BE DISCLOSED TO OUTREACH

- _____ Progress Records
- _____ Behavioral Records
- _____ Patient Health Care Records
- _____ Special Education Records (including IEP and/or IFSP)
- _____ LEA Evaluation Records
- _____ B-3 Evaluation Records
- _____ Outside Agency Records (specify) _____
- _____ Outside Agency Records (specify) _____
- _____ Other (specify) _____
- _____ Other (specify) _____

INFORMATION FROM THE OUTREACH PROGRAM TO BE DISCLOSED TO LEA/B-3 PROGRAM

- | | |
|------------------------------------|-----------------------------|
| _____ Outreach Evaluation Report | _____ Other (specify) _____ |
| _____ Outreach Observation Summary | _____ Other (specify) _____ |
| _____ Other (specify) _____ | _____ Other (specify) _____ |

PURPOSE OF DISCLOSURE

The information requested is for the purpose of educational programming of the child named above.

CONSENT TO MAINTAIN RECORDS

For the purposes of futures educational programming, I authorize WESP-DHH Outreach to maintain this child's records through the year the child turns 21 years old.

ACKNOWLEDGEMENTS

WESP-DHH may disclose personally identifiable information from a pupil record under three conditions: (1) with written consent from a parent, guardian, or adult student; (2) by receipt of a court order; or (3) by authority of statute.

I have had an opportunity to review this Consent, and I understand all its provisions, I understand that this Consent is voluntary and I have no obligation to sign it. I understand that, upon my request, I am entitled to a signed copy of this Consent form and the records to be disclosed. I understand I can revoke this Consent at any time except to the extent that disclosure has already been made in reliance on this Consent. This Consent is valid for one year from the date of signature, unless sooner revoked in writing. A photocopy or facsimile of this Consent has the same effect as the original.

Authorizer's Name (please print) _____

Signature _____ Date _____

Relationship to Child _____

Notification of Rights under FERPA

The Wisconsin Educational Services Program Deaf and Hard of Hearing (Program) includes the Wisconsin School for the Deaf (School) and the Deaf and Hard of Hearing Outreach Team (Outreach). The Program is administered by the Wisconsin Department of Public Instruction (DPI). The federal Family Educational Rights and Privacy Act (FERPA) affords parents and eligible students (i.e., students who are 18 years of age or older) involved with the Program certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the Program receives a request for access.

Parents or eligible students should submit a written request to the Center Director or designee that identifies the records they wish to inspect. Center director or designee will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

Wisconsin law gives parents and eligible students the right to receive copies of education records, as well.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the Program to amend a record should write to the school official having custody of the records, clearly identify the part of the record they want changed, and specify why it should be changed. If the Program decides not to amend the record as requested by the parent or eligible student, the Program will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA and Wisconsin law authorizes disclosure without consent. Some exceptions include:
 - A. Disclosure to school officials with legitimate educational interests – A school official is a person who is required by DPI to have a license and is employed by the Program as an administrator, supervisor, instructor, or support staff member (including health or medical staff). A school official also may include a volunteer or contractor outside of the Program who performs an institutional service or function for which the Program would otherwise use its own employees and who is under the direct control of the Program with respect to the use and maintenance of PII from pupil records, such as an attorney, auditor, medical consultant, or therapist. A school official has a legitimate educational interest if the official needs to review a pupil record in order to fulfill his or her professional responsibility.
 - B. Transfer of education records – Upon notification, the Program discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

Release of directory information – FERPA and Wisconsin law allows the Program to disclose appropriately designated “directory information” without written consent, unless you have advised the Program to the contrary within 14 calendar days of you receiving this notice. This notice will be distributed at the beginning of the school year. If you do not want the Program to disclose directory information from your child's education records without your prior written consent, you must notify the Program in writing by October 1. The Outreach Team does not release directory information.

The School has designated the following information as directory information:

- student's name,
- home town,
- grade level,
- date of birth,
- photographs,
- major field of study,
- participation in officially recognized activities and sports,
- weight and height of members of athletic teams,
- dates of attendance,
- degrees, honors and awards received, and
- school district of residence.

The primary purpose of directory information is to allow the Program to include information from your child's education records in certain school publications. Examples include:

- a playbill, showing your student's role in a drama production,
- the annual yearbook,
- honor roll or other recognition lists,
- graduation programs, and
- sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require the Program to provide military recruiters, upon request, with the names, addresses and telephone listings of School students, unless parents have advised the School that they do not want their student's information disclosed without their prior written consent. ¹

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by WSD to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Questions regarding this notice can be directed to Alex Slappey, WESP-DHH Director at 262 740-2066 or email: alex.slappey@dpi.wi.gov

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).

WESP-DHH – OUTREACH PROGRAM
DMP FIRST STEP FAMILY INFORMATION

(To be filled out by or with the family)

Child's Name: _____ **Date of Birth:** _____

Parent 1 Name: _____ Living in same home? ☐ Yes ☐ No

Parent 2 Name: _____ Living in same home? ☐ Yes ☐ No

Sibling #1 Name: _____ DOB: _____ Hearing/HH/Deaf

Sibling #2 Name: _____ DOB: _____ Hearing/HH/Deaf

Sibling #3 Name: _____ DOB: _____ Hearing/HH/Deaf

Others living in the home:

Name: _____ Relationship to the child: _____

Name: _____ Relationship to the child: _____

Telephone: _____ Email: _____

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- ☐ Guide By Your Side Program (GBYS)
- ☐ Partners in Listening (PiL)
- ☐ Deaf Mentor First Step Project (DMFS)
- ☐ Deaf Mentor Program (DMP)
- ☐ Wisconsin Deaf-Blind Technical Assistance Project (WDBTAP)
- ☐ Do Not Know

What stage best represents your child's communication skills?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Aware of surroundings faces, and/or voice | <input type="checkbox"/> Uses Single words/signs |
| <input type="checkbox"/> Pre-Babbles (Coo, Gurgles, etc.) | <input type="checkbox"/> Understands 2-3 words/sign sequence |
| <input type="checkbox"/> Babbles, gestures or simple pointing | <input type="checkbox"/> Uses 2 words/signs sequences |
| <input type="checkbox"/> Understands single words/signs | |

Select the level that best describes parent 1 & 2 for sign language background:

- ☐ I only know a few signs and/or don't know any sign language.
- ☐ I know some basic signs and or have taken one or two sign language classes.
- ☐ I know basic conversational sign language and/or have taken three or more sign language classes.

Computer and Internet

Do you currently have high-speed internet services? (e.g. DSL or cable)

☐ Yes ☐ No

Do you have a webcam or access to video capacity on your computer, iPad or iPhone?

☐ Yes ☐ No ☐ I don't know

Parent 1 employment: _____

(_____) _____ - _____ Part Time or Full Time
Work phone number Work email Circle One

Parent 2 employment: _____

(_____) _____ - _____ Part Time or Full Time
Work phone number Work email Circle One

The Deaf Mentor serves once a week. Write your family's three best days and time of the week.
We will try our best to match your schedule with your Deaf Mentor's schedule.

1. _____

2. _____

3. _____